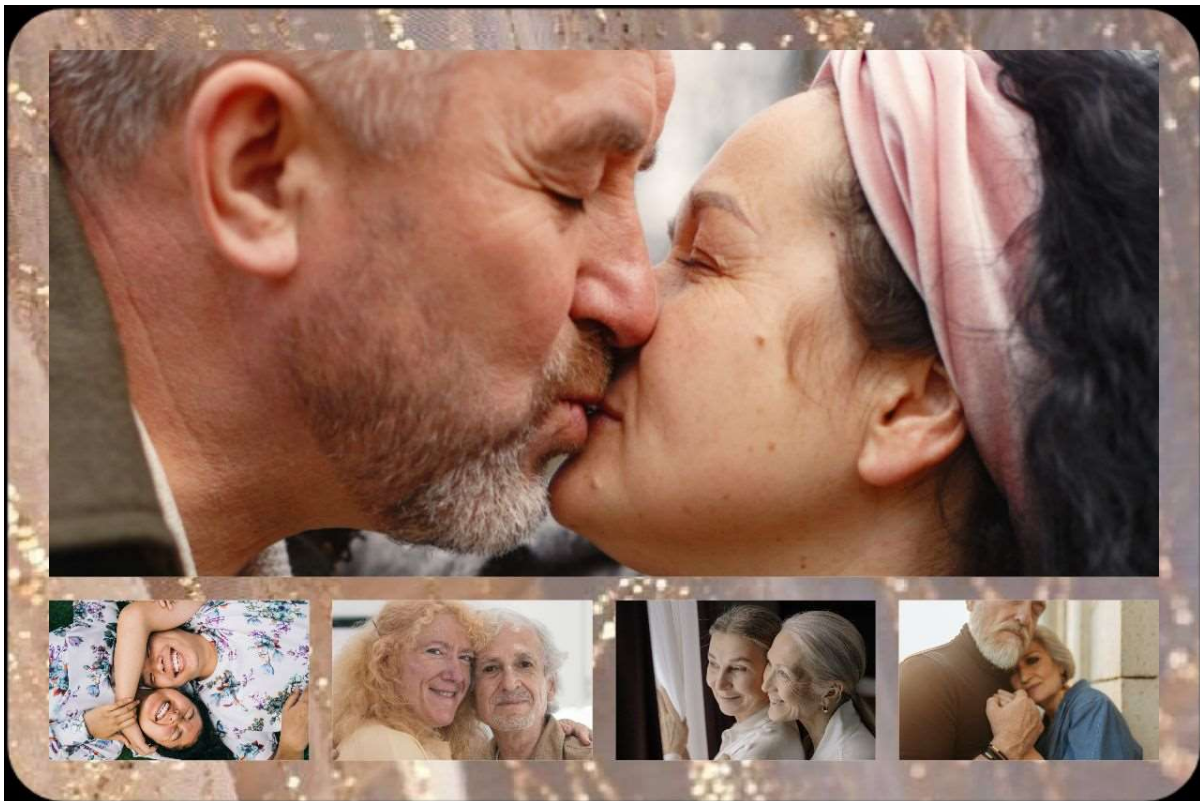


Output 3 – output summary

Inhoud

Output 3 objectives and intended results.....	2
Delivery partners involved in output 3.....	2
Activities related to output 3.	2
Gap analysis: Defining learning needs and mapping of resources.....	2
Co-creation of training content and pedagogy	3
Training programmes pilot and evaluation	4
Embedding the training programmes	4
Output 3 reach during the SHIFT project	5
Conclusions and future recommendations	5
Output 3:	6
Annexes	7



Output 3 objectives and intended results.

Output 3 aimed for international collaboration to co-create two training programmes for health care professionals and wider work force to:

1. Support professionals in providing a new model of sexual health care (model & strategy designed by SHIFT output 1 & 2).
2. Improve confidence of health care professionals in discussing sexual health with people aged over forty-five and 'hard to reach' groups.
3. Give community asset workforce members the necessary tools to put sexual health on the agenda for socio-economically.

One training programme should help professionals to engage with the 45+ population about sexual health and wellbeing. The other training programme will help professionals to acquire more knowledge and to develop skills specifically on the topic of sexual health and well being in 'hard to reach' groups and older populations. To consolidate the developed training programmes beyond the lifetime of the SHIFT project, transferable and sustainable methods of training delivery and access to output 3 need to be ensured.

Delivery partners involved in output 3.

Project partner (PP) 9 deployed their expertise in education of health care professionals, sexual health and aging, to lead other PP's (2,3,4,5,7,8 and 10) in the process of training programme development. Starting from PP 9's research skills, a thorough needs assessment, gap analysis and resource and provision mapping were conducted. As both PP9 and PP10 operate in the Belgian higher education system for nursing and midwifery they joined forces on Flemish grounds in terms of assessing local needs, available resources and potential gaps. UK partners (PP's 2,3,4,5 and 7) and Dutch partner (PP8) received guidance and the necessary documents produced by PP9 and 10 at each of the cross-border working groups. Whereafter, they conducted the same research locally. Cocreation of the training programmes content and pedagogy was similarly undertaken. PP9 and 10 made all preparations and directed other PPs to provide the local information needed. PP4 and PP8 played a more significant role in terms of content creation as they are known for training provision related to sexual health. PP5 played a vital role in translations and adaptations to local needs of both training programmes. In terms of piloting the training programmes all PP's, except for PP6, were involved. Each of the partners (2,3,4,5,8,9,10) provided training locally. PP7 participated in the cross-border development of the training programmes but left the project before rolling out the pilot. PP6 participated in the cross-border meetings on co-creation of the training, but to ensure an unbiased evaluation of the pilot they could not participate in training provision.

In Flanders, SENSOA played a major part in the development and provision of training. Sensoa is a government funded organisation burdened with the task to inform the Flemish public on sexual health and to support professionals (in health care, education, social services, ...) to talk about sexual health. Their existing educational materials were integrated in the training programmes, additionally they functioned as a frequent independent advisory party to ensure quality of output 3. Furthermore, other organisations such as vzw Aditi and Menofocus were consulted.

Activities related to output 3.

Gap analysis: Defining learning needs and mapping of resources.

To identify and engage the relevant health care professionals and wider work force PP9 organised a local brainstorm session inviting professionals from their organisational network. PP9 constructed a format to identify categories of relevant stakeholders. The constructed format served as a guiding



document, which was presented at a cross border meeting in June 2019, for other PPs to perform the same mapping of professionals that frequently engage with the target population and discuss sexual health and wellbeing. Meanwhile exposing gaps (geographical, organisational) across the 'SHIFT areas. Brainstorms on this subject across different countries immediately highlighted inconsistencies between countries in terms of service provision and how specific professions were practised in every country. Various health or social care related professions do not exist in some countries, also access to certain services may differ enormously between countries (e.g., sex clinics in the Netherlands and UK versus only two specialised centres in Belgium). Once relevant organisations and professionals were identified delivery PPs worked together to engage the relevant professionals and organisations.

Afterwards PP9 offered theoretical training to delivery PP's on 'how to conduct a focus group' at the cross-border meeting in Lille (September 2019). Focus groups with relevant professionals (health care and wider work force) were organised to refine the needs and gaps in current training programmes on sexual health and engaging with hard-to-reach groups. PP9 supported other PPs in this process by providing delivery PP's a focus groups script (including topic list, research questions and organisational requirements). Additionally, PP6, supported by PP9, requested approval from the NHS (ethical approval) for focus groups conducted by PP3. PP9 gathered focus groups transcripts of all PPs. These data were analysed by PP9 and PP10 and reported on in the qualitative report: ['Report Sexual Health in over Forty- Fives \(SHIFT\) EU Interreg 2Seas Region Project: Training needs of health and social care professionals'](#).

Co-creation of training content and pedagogy

Based on local brainstorm sessions and focus groups (needs assessment, mapping resources and gaps analyses) PP9 and PP10 led several cross border cocreation sessions:

First, all PP's thought about and discussed the necessary learning outcomes (content) to meet the needs of professionals (and people over 45) using innovative online collaboration methods (e.g., padlets, break out rooms, ...) due to COVID. These learning outcomes were grouped into larger overarching themes. This resulted in four modules with each a different focus, for which partners shared expertise and knowledge on possible learning materials and learning activities (pedagogy). Lasts, a small pilot of health care professionals and organisations gave feedback on the developed content and pedagogy.

Both SHIFT training programmes help health care and social care professionals to support the sexual health of people over 45. In summary:

Training programme 1: 'Engaging and approaching people aged 45+ about sexual health'.

Consisting of two modules:

- 1) **'Start to SHIFT'** - an e-learning module on general sexual health education and the impact of age on sexual health.
 This module provides theory on sexual health and aging, basic communication on sexual health using the 'one2one' method developed by Sensoa and specific signposting information. It uses interactive awareness exercises and videos.
- 2) **'Assess and communicate'** - an in-depth module on sexual health communications with a specific focus on older people.



This module is specifically designed to raise awareness on stigma, taboo in the over forty-five population and how we communicate on sexual health. Participants put the acquired knowledge on communication methods into practice via role play.

Training programme 2: ‘Improving knowledge and developing skills in sexual health care with a specific focus on the over-45s’.

Consisting of two modules:

- 1) **‘Reduce risk’** - an in-depth module aimed at expanding professional’s knowledge of health risks related to sexual health in people aged forty-five and over, including sexually transmitted infections, sexual dysfunction, transgressive behaviour and chronic disease. This module uses case studies and risk assessment exercises to gain knowledge, increase awareness and to develop skills regarding risk assessment in sexual health.
- 2) **‘Embrace difference’** - an in-depth module on the broad definition of ‘diversity’ related to sexual health in people aged 45 and over, including socio-economic context, ethnic and cultural differences, LGBTQ+ and people with disabilities. This module covers all aspects of diversity mentioned above theoretically and with relevant (local) data and self-reflection exercises on these diverse topics.

Health and social care professionals can ‘mix and match’ all modules according to their professional needs. Although, it is advised for all professionals taking the training to start with the generic module ‘Start to SHIFT’ as an introduction into sexual health and physiological aging.

Training programmes pilot and evaluation

After the development of two training programmes consisting of four modules for the Flemish context, PP9 guided all other partners on tailoring these programmes to specific local needs. This resulted in a framework of the training programmes for any other region or country to use, and two fully finished products ready to use in the Netherlands and the UK.

The partnership piloted several modules of the training programmes besides the e-learning. Each partner evaluated which of the modules was most needed within their field of work, network and for specific stakeholders. However, there were a lot of difficulties reaching and motivating health care professionals and wider work force to register for the modules. Therefore, PPs delivered most trainings during June, July, August, and September 2022, with varying methods of delivery (live face to face sessions vs online sessions, full module three-hour sessions vs several one-hour sessions per module). PP6 evaluated both the online e-learning module as the ‘live’ modules through mixed method research (see ‘Evaluation report’).

Embedding the training programmes

Both training programmes are freely available for all health care professionals, wider work force and organisations related to (sexual) health in Dutch and English. [The link](#) to the virtual learning environment has been spread via various routes (e.g. personal e-mails, project partners webpage, social media posts, e-mails to organisations, ...) and is referred to on the SHIFT hub ([SHIFT website output 1](#)) on the professionals page with a link.

On the virtual learning environment health care professionals and wider work force can:

- [Start the e-learning ‘Start to SHIFT’](#) in an asynchronous manner (i.e., whenever, wherever they like to take the module).
- Get information on the local PP that provides face to face or online training for the other three ‘live’ modules.



- Get the learning materials necessary to provide the training programmes at their own organisation. Learning materials for each module ('Reduce Risk,' 'Assess and communicate' and 'Embrace Difference') consist of a ready to use PowerPoint presentation and a training guide for the professional providing the training to others.

PP2, 4, 5, 8, 9 and 10 have integrated the SHIFT trainings into their continuing education programme for practising professionals. PP9 integrated the trainings into the bachelor education programmes for occupational therapy and nursing at AP University of Applied Sciences and Arts. PP10 integrated the trainings into their bachelor nursing educational programme. Conversations with the University of Antwerp are ongoing on integrating the training programmes in the postgraduate 'nursing in general practice.'

Output 3 reach during the SHIFT project

In summary the SHIFT project provided 778 trainings to health care professionals, wider work force and students. In total the partnership provided 411 trainings to health care professionals, 245 to wider work force and 122 to students.

PP9 and PP10 worked together in providing the training programmes. They initiated the training programmes starting off with a version of the e-learning integrated in the virtual learning environment of AP Universiteit of Applied Sciences called 'Digitap.' They jointly organised at least one session every module: 'Assess and communicate' twice face to face on different sites, 'Reduce risk' once online and once face to face and 'Embrace difference' only once online (due to limited registrations for the face-to-face session). PP2 focussed on providing training programme 1 ('Start to SHIFT' & 'Assess and Communicate') but varied between online, in the form of a webinar, and face to face sessions. In contrast to PP9 and PP10, PP2 managed to attract an audience that was more general health, family management and community focussed. PP3 managed to train many NHS front line workers such as sexual health nurses, specialty doctors and psychosexual therapists. They provided two modules face to face being 'Assess and Communicate' and 'Reduce Risk' and referred all participants to the online e-learning before attending the face tot face trainings. PP4 as an organisation reached only professionals of the wider work force and provided both training programmes, thus all developed modules. PP5 reached a varied range of professionals with training programme 1 and the module 'Embrace Difference'. PP8 mostly reached GP assistants and provided both training programmes (all modules) in the Netherlands.

The e-learning 'Start to SHIFT' had the highest rate of participation by professionals, due to the asynchronous aspect. 'Assess and Communicate' was the module most frequently provided, potentially since communication methods are not that age specific, and professionals can also use these skills in other age groups. PP5, 8, 9 and 10 made efforts to reach students as well, mostly integrated in existing educational programmes in Belgium.

Conclusions and future recommendations

The partnership managed to reach a lot of health care professionals, wider workforce, and students to increase awareness, knowledge, and skills in terms of sexual health service provision to the over 45's population. Because health care professionals are in high demand and working under pressure the partnership experimented with various strategies to offer training and to accommodate professionals as good as possible. These strategies consisted of online vs face to face provision of training, synchronous vs asynchronous training, different lengths of training and integration into continuing and professional education. Generally, the training programmes received incredibly positive evaluations, especially the shift videos on the e-learning and the interactive aspects of the



live (synchronous) modules were pointed out as assets. However, trainers are advised to include more role playing to practice communication skills.

This project has revealed that health care professionals and wider work force want more knowledge and a deeper understanding of sexual health in the over forty fives. They want to further develop their communication skills in terms of engaging with the target population on sexual health and feel the need to practice through case studies, role play and hands-on training. The training programmes developed by the SHIFT partnership should be integrated even more into and tailored to initial training of health and social care professionals. Furthermore, training for professionals should be easy to access, which the SHIFT project has tried to accomplish by making all training materials freely available online. Organisations and professionals using/providing the SHIFT training programmes should create a safe and open learning environment.

Output 3:

**To enter links please first register at <https://shift.moodlecloud.com/>*

- 1) Report Sexual Health in over Forty- Fives (SHIFT) EU Interreg 2Seas Region Project: Training needs of health and social care professionals. (see Annex file and [link](#))

TRAINING PROGRAMME 1

- 2) E-learning 'Start to SHIFT': links only.
 - a. Dutch version : [SHIFT virtual learning environment \(open access\)](#) + AP university of Applied Sciences learning environment (access only for AP employees and students)
 - b. English version: [SHIFT virtual learning environment \(direct access\)](#)
- 3) Module 'Assess and Communicate'
 - a. Dutch versions of the learning materials
 - i. Power point: see annex and [link](#)
 - ii. Handleiding: see annex and [link](#)
 - b. English versions of the learning materials
 - i. Power point: see annex and [link](#)
 - ii. Training guide: see annex and [link](#)

TRAINING PROGRAMME 2

- 4) Module 'Reduce Risk'
 - a. Dutch versions of the learning materials
 - i. Power point: see annex and [link](#)
 - ii. Handleiding: see annex and [link](#)
 - b. English versions of the learning materials
 - i. Power point: see annex and [link](#)
 - ii. Training guide: see annex and [link](#)
- 5) Module 'Embrace Difference'
 - a. Dutch versions of the learning materials
 - i. Power point: see annex and [link](#)
 - ii. Handleiding: see annex and [link](#)



- b. English versions of the learning materials
 - i. Power point: see annex and [link](#)
 - ii. Training guide: see annex and [link](#)

Annexes

